

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/	/				
3	/					
4		/				
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49						
50						
TOTAL IND.	15		0		0	
TOTAL DEP.	13		0		0	
TOTAL CLAIMS	28					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		0	0	0	0	0
TOTAL DEP.		0	0	0	0	0
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS